

Action Notice of Appointment

Form 447-54A (Rev. 10/2000)

Pursuant to Sections 1704 through 1707 and/or 1673 or 1756 of the Insurance Code

Insurer Name: _____

FEIN: _____ NAIC # _____ CA Company # _____
Federal Employer Identification Number

To the Insurance Commissioner of the State of California: Notice is hereby given that effective from the date shown on this notice, the designated insurer hereby appoints the person(s) named herein to act as its agent.

*Appoint Type: FX: Fire and Casualty LX: Life LI: Life - Limited to pre-need (must submit Certificate of Exemption form 427-10)
TA: Travel DO: Disability Only PF: Part Time Fraternal MC: Motor Club

NOTE: Only one appointment type per line.

	Appoint Type *	Social Security/ FEIN	License #	Name: As shown on license	Effective date
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Signature of insurer: Signature must be that of an officer of the Company or a person authorized under a Special Power of Attorney on file with the Department.

Name	Official Title	Date
Phone Number ()		

Filing fees: Submit \$21 per appointment type. Enter number of appointments

\$21 =

1. If you are submitting only an action notice **Mail Action Notice and fee to:**

California Department of Insurance
P. O. Box 928
Sacramento, Ca 95812-092

OR

2. If Action Notice is being submitted with original application

Mail Action Notice with Application and fee to:

California Department of Insurance
P. O. Box 1139
Sacramento, Ca 95812-1139

Receipt Code: 8160